

AmeriCorps Instructional Support Team
MEMBER PROFILE
2008-2009

Last Name:_____First Name:_____Middle Name:_____

Mailing Address:_____City/State/ZIP:_____

Physical Address:_____City/State/ZIP:_____

Home Phone #:_____Cell #:_____Other #:_____

E-Mail Address:_____

Sex:_____Age:_____Date of Birth:_____Race:_____Marital Status:_____

SSN #:_____Driver License #:_____Expiration Date:_____

Children? (Circle) Y N Name of school or daycare they attend:_____

High School Diploma?: (Circle) Y N GED Earned?: (Circle) Y N

College Credit?: (Circle) Y N WorkKeys Assessment?: (Circle) Y N

Registered Voter?: (Circle) Y N

Emergency Contacts (two contacts – required):

Name:_____Phone #:_____Relationship:_____

Name:_____Phone #:_____Relationship:_____

Known allergies, medical conditions, or physical limitations:

Names of medications currently taking (on going basis):

If any of your personal information changes, please notify the AIST staff immediately so your member file records can be updated accordingly.